

PATENT APPLICATION DECLARATION

I HEREBY DECLARE THAT:

My residence, post office address, and citizenship are as stated below.

I believe I am an original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **PROCESS AND APPARATUS FOR TREATING A WORKPIECE SUCH AS A SEMICONDUCTOR WAFER**, the specification of which:

- is attached hereto;
- was filed on _____, as Application Serial No. _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose all information to the Patent and Trademark Office known to me to be material to patentability of this application, as defined in Title 37, Code of Federal Regulations, Sec. 1.56.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Post Office Address (If different) _____

Inventor's signature: E. J. Bergman Date: 7/21/00

Full name of SECOND inventor _____

Citizenship _____ Residence _____

Post Office Address (If different) _____

Inventor's signature: _____ Date: _____

Full name of THIRD inventor _____

Citizenship _____ Residence _____

Post Office Address (If different) _____

Inventor's signature: _____ Date: _____

Full name of FOURTH inventor _____

Citizenship _____ Residence _____

Post Office Address (If different) _____

Inventor's signature: _____ Date: _____

Full name of FIFTH inventor _____

Citizenship _____ Residence _____

Post Office Address (If different) _____

Inventor's signature: _____ Date: _____